

# ***COMMONWEALTH OF MASSACHUSETTS***

## **COMMITTEE ON ACUPUNCTURE**

**200 Harvard Mill Square, Suite 330**

**Wakefield, MA 01880 Telephone: (781) 876-8210 Fax: (781) 876-8383**

**Website:**

**[www.mass.gov/massmedboard](http://www.mass.gov/massmedboard)**

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Dear Applicant:

Enclosed is the application package for a full license as an acupuncturist in Massachusetts. Please read the enclosed Full Acupuncture License Application Instructions. Additional information is available at the Committee on Acupuncture's website at [www.mass.gov/massmedboard.org](http://www.mass.gov/massmedboard.org).

For applicants who have attended a United States Acupuncture school please note that the school must be a Committee on Acupuncture (COA) approved acupuncture school (must have ACAOM candidacy status or accreditation) on the date that you, the applicant, graduated.

Applicants who have attended a school located outside of the United States must have a minimum total of five years of study, of which three years must consist of acupuncture training in a Committee on Acupuncture approved school. All transcripts must be in English and state the number of hours for each class, the number of hours for the entire program, the number of months in attendance and the date the diploma was awarded. The COA will recognize only foreign schools that are government approved. In addition, the Acupuncture Unit will verify the authenticity of the documents submitted by contacting the appropriate issuing institution.

### **PLEASE NOTE:**

- Any applicant who takes the NCCAOM (Massachusetts licensure examination) examination on or after September 1, 1999, must take all components of such examination in the English Language.
  1. Effective December 13, 2001 all applicants for licensure whose native language is not English must submit proof of passing the TOEFL Exam with a score of 550 or better. The TOEFL exam must have been taken within 2 years of the date the applicant signs the MA Application for a Full Acupuncture License and the TOEFL score result must be sent directly to the Acupuncture Unit from the agency administering the TOEFL exam.

- Any applicant who has graduated from a COA approved acupuncture school and who cannot document that he or she is currently practicing acupuncture or has been practicing acupuncture for the past 4 years will be reviewed on a case-by-case basis.

If you have any questions, please contact the Licensing Division at (781) 876-8210.

Sincerely,

*Weidong Lu, Lic. Ac.*

Weidong Lu, Lic.Ac.  
Chairman, Committee on Acupuncture

**Commonwealth of Massachusetts - Board of Registration in Medicine**  
**- Committee On Acupuncture -**  
**200 Harvard Mill Square, Suite 330, Wakefield, Massachusetts 01880**

<b>CHECKLIST FOR FULL ACUPUNCTURE LICENSE APPLICANTS</b>
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The checklist below "✓" identifies the forms required for U.S. graduates (U.S.) and international medical graduates (IMG). Please use the checklist as a guide in completing your license application forms. All forms which must be mailed to the Committee on Acupuncture should be included with your completed full acupuncture license application.

<b>Data</b>	<b>Description of Form</b>	<b>U.S.</b>	<b>IMG</b>	<b>Mail to:</b>
<u>Personal</u>				
<input type="checkbox"/>	Application Fee	✓	✓	Committee on Acupuncture
<input type="checkbox"/>	Full Acupuncture License Application	✓	✓	Committee on Acupuncture
<input type="checkbox"/>	Curriculum vitae	✓	✓	Committee on Acupuncture
<input type="checkbox"/>	Supplement to Application	✓	✓	Committee on Acupuncture
<input type="checkbox"/>	Authorization Release form	✓	✓	Committee on Acupuncture
<input type="checkbox"/>	Moral Character of Applicant	✓	✓	Committee on Acupuncture
<u>Education</u>				
<input type="checkbox"/>	Undergraduate transcript	✓	✓	Undergraduate training program
<input type="checkbox"/>	Acupuncture Education Transcript	✓	✓	Acupuncture training program
<input type="checkbox"/>	Diplomas and Certificates (notarized)		✓	Committee on Acupuncture
<u>Examinations</u>				
<input type="checkbox"/>	Exam Results/Status Report	✓	✓	NCCAOM
<input type="checkbox"/>	CCAOM CNT Score Verification	✓	✓	CCAOM
<input type="checkbox"/>	TOEFL		✓	TOEFL website at <a href="http://www.toefl.com">www.toefl.com</a>
<u>Other</u>				
<input type="checkbox"/>	State License Verification	✓	✓	Current & past state license boards
<input type="checkbox"/>	*Malpractice History Form	✓	✓	Current and past liability carriers
<input type="checkbox"/>	National Practitioner Data Bank	✓	✓	National Practitioner Data Bank

\*You do not need to complete the malpractice history report if you had no malpractice claims filed against you in the past ten (10) years. The above listed forms are included in the acupuncture license packet. These forms are included in the full acupuncture license packet. Please read the instruction booklet on how to obtain applicable forms.

**MAKE COPIES OF ALL FORMS BEFORE MAILING**

**COMMONWEALTH OF MASSACHUSETTS**

**COMMITTEE ON ACUPUNCTURE**

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**FULL ACUPUNCTURE LICENSE APPLICATION INSTRUCTIONS**

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**PLEASE MAKE A COPY OF ALL SUBMITTED FORMS FOR YOUR RECORDS**

**Before mailing your full license application, please make a copy of your application and supplement for your records. The COA charges a fee for a copy of the full license application and you may experience a significant delay in receiving the copy.**

**THE COMMITTEE ON ACUPUNCTURE**

The Committee on Acupuncture (COA) is comprised of seven members: a licensed physician member of the COA; a licensed physician who is actively involved in the practice of acupuncture; a public member; and four acupuncture practitioners. The role of the Committee on Acupuncture is to work collaboratively to regulate the practice of acupuncture. The COA establishes the standards for acupuncture licensure and scope of practice, including approval of acupuncture schools, training programs and continuing acupuncture education activities.

The COA's primary function is to protect the safety of the public by ensuring that applicants applying for licensure to practice acupuncture are qualified, competent and possess the education, examination and training requirements established by the COA. The Committee is also responsible for interpreting the existing laws (M.G.L. c.112, §148-162) and regulations relating to the practice of acupuncture and disciplinary process for acupuncturists who engage in misconduct. The COA meetings are held every three months at the Board of Registration in Medicine and are open to the public.

**GENERAL INSTRUCTIONS FOR A FULL ACUPUNCTURE LICENSE**

**NOTE:** *If you ever held a Massachusetts full acupuncture license in the past, do not use this application form. You must complete a lapsed application to revive your lapsed license. Please contact the Licensing Division at (781) 876-8210 for instructions.*

*Please do not send your full acupuncture license application to the Board until you have collected all of the following documents in **sealed envelopes**.*

- *Moral Character form*
- *National Practitioner Data Bank Profile*
- *State License Verifications from each state in which you have **ever** held an active or inactive or lapsed acupuncture license or a license in any healing art*

## **EDUCATION REQUIREMENTS FOR AN ACUPUNCTURE LICENSE**

The COA regulations require the following education requirements for a full acupuncture license:

1. The applicant has completed two full years of undergraduate study (60 semester hours or 90 quarter hours or the equivalent) at an accredited college or university, (this accredited college or university cannot be your acupuncture school) or foreign institution, which the COA deems the equivalent.
2. The applicant has successfully completed, at an accredited college or at a COA approved acupuncture school, a three (3) semester hour course in each of the following: general biology, human physiology, and human anatomy. As of July 1 2009, applicants entering acupuncture school must have completed a laboratory course requirement for at least one of the science courses listed above.
3. As of January 1, 2009, an applicant for a full acupuncture license must, a) be a graduate of a COA approved acupuncture school, and b) have a minimum of 1905 hours of clinical and didactic instruction in acupuncture related courses, of which a minimum of 100 hours must be in the supervised diagnosis and treatment of patients for whom the applicant is solely responsible. Coursework in general biology, human physiology, and human anatomy are excluded from the 1905 hours of required acupuncture education. The Committee, in its discretion, may grant a waiver of this requirement for applicants who are licensed acupuncturists in another state.
4. The acupuncture school must be a COA approved school on the date the applicant graduates from the school. A list of approved acupuncture schools is available at the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM) website at [http://www.acaom.org/accdtd\\_cndtdschls.htm](http://www.acaom.org/accdtd_cndtdschls.htm).
5. An applicant for a full acupuncture license must have received a minimum of 30 hours of herbal medicine training from a COA approved school or COA program in order to be licensed.
6. Initial licensees after January 1, 2009 may obtain Committee approval to employ herbal therapy including patent or raw herbs, by submitting evidence of the following:
  1. completion of an ACAOM accredited or candidate status oriental medicine program with a minimum of 1,905 hours of clinical/didactic training, of which at least 660 hours were training hours in herbs and at least 210 of those were clinical hours in acupuncture and herbs; and
  2. certification by NCCAOM in Chinese Herbology
7. Foreign applicants must have a minimum of five (5) academic years of study, of which three (3) academic years must consist of acupuncture training in a COA approved school. All transcripts must be in English and must state the number of hours for each class, the number of hours for the entire program, the number of months in attendance and the date the diploma was awarded.
8. The COA will recognize only foreign schools that are government approved. As of January 1, 2009, educational institutions outside the United States, Puerto Rico, the District of Columbia and the territories of the United States will be approved by the Committee on a case by case basis, according to the standards set by the American Association of Collegiate Registrars and Admissions Officers (AACRAO). Graduates of a foreign school must submit a completed AACRAO credentials

review report to the committee and the Committee will determine whether to approve the acupuncture school on the basis of the report and any other additional information it may deem necessary. You may access the AACRAO website at <http://www.aacrao.org/international/foreignEdCred.cfm> to obtain information on verification of foreign medical schools.

9. Applicants who received either their undergraduate and/or acupuncture education outside of the United States must submit both the original and a notarized copy of their diplomas or their certificates.

### **NCCAOM BOARD CERTIFICATION REQUIREMENTS**

As of January 1, 2009, an applicant for initial licensure must be NCCAOM board certified in Acupuncture, Oriental Medicine or Chinese Herbology or be licensed in another state or foreign nation with which Massachusetts has a reciprocal agreement.

### **PLEASE READ THE FOLLOWING INSTRUCTIONS CAREFULLY BEFORE SUBMITTING AN APPLICATION FOR A FULL ACUPUNCTURE LICENSE**

If you are a *U.S. graduate*, do not apply for your undergraduate education transcripts or transcripts from your acupuncture training until you are ready to send your acupuncture license application to the COA.

If you are an *international acupuncture graduate* please contact your acupuncture school as soon as possible to ensure that the documents will be received. Please do not request your acupuncture examination scores, legal or malpractice documents (if applicable) until after you receive all of the documents that you need to send to the COA with your complete acupuncture license application. This includes Massachusetts and other state license verifications, moral character form and the National Practitioner DataBank profile in sealed envelopes, which must be sent to the COA with your full acupuncture application in the original envelope.

The Massachusetts licensing examination is administered by National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) and consists of four parts; 1) the NCCAOM comprehensive Written Examination (CWE) and/or The Foundations of Oriental Medicine Module (FOMM) and The Acupuncture Module (AM); 2) NCCAOM practical Examination of Point Location Skills (PEPLS) and/or The Point Location Module (PLM), 3) The Biomedicine Module (for graduates after January 1, 2007) and, 4) the CCAOM Clean Needle Technique/Practical (CNT) course. A detailed description of the education and examination requirements is available in the Committee on Acupuncture Requirements and Instructions for Applying for a Full License in Massachusetts. Failure to comply with the instructions may delay processing your acupuncture license application.

The acupuncture full license application packet consists of the forms required for completing the application process. You may download additional forms at the Board of Registration in Medicine Acupuncture website at <http://www.mass.gov/massmedboard>.

- Print information in blue or black ballpoint pen. Illegible information will result in delayed processing.
- Provide a response to each applicable piece of information that is asked of you in the application packet.

- Include all components of the requested information, especially complete names and addresses of medical schools and hospitals. Failure to submit full addresses will result in delayed processing.
- Provide complete dates (both month and year) as indicated on the acupuncture license application and attach a separate sheet of paper if necessary.
- Account for any gaps longer than three months following your graduation from acupuncture school.

## **PROCESSING OF FULL ACUPUNCTURE LICENSE APPLICATIONS**

The processing time for a full acupuncture license application is dependent upon receipt of all supporting documents. Routine processing of a full license application usually requires a minimum of twelve (12) weeks for U.S. graduates if there are no legal or medical issues. Acupuncture license applications with malpractice or legal issues will require more time to process. International acupuncture graduate full license applications may take up to six months to process depending on the length of time to receive documentation from the acupuncture training program. After reviewing your file, we will establish a tracking number and a pending file will be established for documents sent to the Board from primary sources. These documents include transcripts from your undergraduate and graduate education, confirmation of acupuncture training and examination results. You will be notified if additional documents are required. If you wish acknowledgement of receipt of your full acupuncture license application, please mail your application by certified mail, return receipt requested.

Completed acupuncture applications are presented to the COA in January, March, June and September. A list of meeting dates is included in the full acupuncture license kit. Following approval of your full acupuncture license, your wallet-sized card will be mailed to you within eight (8) business days and your acupuncture certificate of licensure will be mailed within six (6) weeks. The COA strongly recommends that you do not make any commitments in Massachusetts on home purchases, loans, etc., until you have been granted a license to practice acupuncture in Massachusetts.

## **GENERAL INFORMATION**

Throughout this application, the following terms apply:

U.S. graduates refers to graduates of acupuncture schools in the United States.

International graduates refers to graduates of all acupuncture schools not located in the United States.

Also, the names of required forms are underlined. (example: Massachusetts and/or Out of State License Verification form, Supplement form, and Exam Results/Status Report Request form).



## **APPLICATION FEE**

The application-processing fee for a full acupuncture license is \$300.00 and is a non-refundable fee. Please make your check payable to the Commonwealth of Massachusetts. A certified check or money order is preferred, but personal checks are accepted. Applications received without the \$300.00 fee will not be processed and will be returned to the sender.

## **FULL ACUPUNCTURE APPLICATION**

### **Legal Name:**

Print your full legal name, as it should appear on your license.

### **Other Names Used:**

List any names that may appear on your undergraduate transcripts or any other legal documents. If the name on the first line of the application does not correspond with the name on accompanying credentials, you must submit a notarized copy of a document explaining the name change (either a court order or a marriage certificate). If the credential certificate is written in a foreign language, you must submit an officially notarized translation.

### **Mailing, Home and Business Addresses:**

Provide your mailing address, business and home addresses and telephone numbers. The COA will send all correspondence to your mailing address. A post office box cannot be used for your business or home address, only the mailing address. Your mailing and business addresses are public record.

### **Social Security Number:**

Pursuant to M.G.L. c. 30A §13A, each applicant must provide the COA with a United States Social Security number in order for a license to be issued. Your social security number may be used to facilitate the authorized sharing of information among designated agencies to expedite processing of your application. Your number may be shared to identify: any reports of disciplinary action filed in national data repositories; tax default status; student loan default status; child support arrearages; Medicaid provider eligibility; Massachusetts controlled substance registration; and collection of fines from COA disciplinary cases. The COA considers this information highly confidential and not subject to release unless specifically authorized.

### **Acupuncture Education:**

List colleges and universities attended chronologically along with the dates of your attendance, and any degrees that you received from the school. An official transcript with signature and the registrar's official seal is required to be sent **directly** to the COA.

## **Human Anatomy, Human Physiology, General Biology and Laboratory Requirement**

List the school(s) where you completed three (3) semester hour courses, or the equivalent, in general biology, human physiology and human anatomy. Indicate which course(s) had a laboratory component. As of July 1, 2009, at least one of the required undergraduate science courses must have a laboratory component. An official transcript with the signature and the registrar's official seal is required to be sent **directly** to the COA. (See the attached COA's letter describing the course requirements and instructions for substituting a course).

### **Acupuncture Licenses:**

List all states where you ever had a full acupuncture license, whether the license is active or inactive or not renewed.

### **Other State Licenses:**

List all states and countries in which you are or were licensed, registered or otherwise practiced a healing art, other than acupuncture. Please include active, inactive and any licenses that were not renewed.

### **Acupuncture Examinations:**

Acupuncture licensure and certifications examinations must be listed. Include the name of the examination, the date attempted and the examination results.

### **Chronology of Activities:**

List all acupuncture and other work related activities from the date of graduation from acupuncture school to the date that you sign your full acupuncture license application. List your activities in chronological order with the most recent activity first.

### **Affidavit of Applicant:**

By signing the full acupuncture license application, under the penalties of perjury, you are confirming that the information provided is accurate.

## **SUPPLEMENT TO APPLICATION FORM**

Instructions for answering the questions on the Supplement form are provided on the first two pages of the Supplement. All of the questions on the Supplement form must be answered "yes" or "no" and failure to report accurate information to the COA will delay the application process. Please be careful in matching your answers to questions. Pages 5-10 of the application form must be completed if you answer "yes" to any question. If you answered "yes" to questions #1 or #8, you are required to request copies of additional documentation from either the court or your attorney. The COA will not accept court documents from you. If you answered "yes" to questions #15-A or #15-B, you must contact your liability carrier or attorney to provide the COA with a copy of the complaint for any open case. If any of the cases are closed, a copy of the complaint and a document recording the final disposition of the case and

monies paid on your behalf, even if none were paid, will be required. The completed Supplement form must be enclosed with your full license application.

### **Authorization For Release Of Information**

The Authorization for Release of Information must be completed and returned to the COA with your full acupuncture application.

## **The following documents must be requested from the primary source and sent directly to the Committee On Acupuncture:**

**IMPORTANT:** You will be requesting that certain documents be returned directly to your address. **The majority of the documents will have the signature of the sender on the seal of the envelope. Do not open the envelopes. The COA will not accept any opened envelopes and will return them to you.** If the envelopes are opened, you will have to request the documents again and this will delay processing your full acupuncture license application. Please note that the National Practitioner Data Bank will not have a signature across the seal of the envelope. However, if you or any other person opens the envelope, you will have to repeat the process to obtain this information and processing of your full acupuncture license application may be significantly delayed.

### **UNDERGRADUATE EDUCATION REQUIREMENTS**

A copy of the transcripts from the undergraduate school confirming completion of two full years of undergraduate study (60 semester hours or 90 quarter hours or the equivalent) at an accredited college or university, (this accredited college or university cannot be your acupuncture school) or foreign institution that the COA deems the equivalent. The COA requires that the applicant must have successfully completed a three (3) semester hour course in each of the following: general biology, human physiology, and human anatomy at an accredited college or at a COA approved acupuncture school. **As of July 1, 2009, at least one of the required undergraduate science courses must have a laboratory component.** If your transcript does not list these courses or if you wish to substitute another course as an equivalent for the required courses, the applicant must submit one of the following:

1. A detailed course description,
2. A course syllabus, or
3. A letter from the professor who either taught the course or who currently teaches the course. The letter must state that the course is equivalent to a 3 semester hour course in General Biology, or a 3 semester hour course in Human Anatomy, or a 3 semester hour course in Human Physiology.

**NOTE:** The COA must receive all requests for substitutions of required coursework at least two (2) months prior to a scheduled Licensing Subcommittee for Undergraduate and/or Acupuncture Educational Requirements meeting. The COA will not accept correspondence, self-study courses or equivalency examinations for any of the required courses.

### **ACUPUNCTURE EDUCATION REQUIREMENTS**

An official transcript, with the signature and official registrar's seal, must be requested and sent directly to the COA from each school listed on the full acupuncture license application. The transcript must include the number of classroom hours of didactic or clinical instructions.

## ACUPUNCTURE LICENSE EXAMINATION REQUIREMENTS

Full acupuncture applicants who meet the educational and other requirements of the COA must complete the Massachusetts licensure examination administered by the NCCAOM. For instructions and an examination application, please go to the NCCAOM website at <http://nccaom.org/exams/index.html>. The examination consists of four (4) parts:

1. Comprehensive Written Examination (CWE) and/or The Foundations of Oriental Medicine Module (FOMM) and The Acupuncture Module (AM)
2. Practical Examination of Point Location Skills (PEPLS) and/or The Point Location Module (PLM)
3. Biomedicine Module (BIO) (required for graduates after January 1, 2007)
4. CCAOM Clean Needle Technique/Practical (CNT) Course

You must apply directly to the Council of Colleges of Acupuncture and Oriental Medicine (CCAOM) to take the Clean Needle Technique (CNT) Course component on the Massachusetts Licensure Examination. You may access the CCAOM website for an application for the Clean Needle Technique (CNT) course at <http://www.ccaom.org/cntprogram.asp>

**PLEASE REQUEST AND SUBMIT THE FOLLOWING DOCUMENTS AND SEND THEM TO THE BOARD IN THEIR ORIGINAL SEALED ENVELOPES WITH YOUR FULL ACUPUNCTURE LICENSE APPLICATION.**

### MORAL CHARACTER OF APPLICANT

The Moral Character of Applicant form must be completed and signed by the applicant and attested to by someone who is unrelated to the applicant and who has known the applicant for a minimum of three (3) years, preferably an acupuncturist licensed to practice in Massachusetts.

- Attach a 2" x 2" color photograph of yourself taken within the past sixty days and the photograph must be adequate for positive identification. A black and white photograph will not be accepted.
- The photograph must have the description and signature of the applicant and the date and the signature and seal of a Notary Public.
- The photograph must be original and not a photocopy taken from a book.
- The Moral Character of Applicant form must be signed and dated in the presence of a notary public and placed in an envelope, sealed and included with your acupuncture license application to be sent to the Board.

### VERIFICATION OF ACUPUNCTURE OR OTHER STATE LICENSES

Please submit the Verification of Acupuncture or Other State License form to every state or country where you ever held an acupuncture license or registration to practice acupuncture or any other healing art. Most states charge a fee for verification of a state license. Contact the licensing board prior to sending your request for license verification. When you receive the state license verification(s) do not open the envelope(s).

Please do not send your full acupuncture license application to the COA until you have received all state license verification forms from every state in which you ever held an acupuncture license, registration or license to practice any other healing art. If the seal on any state license verification envelope is broken, it will be returned to you and you will be required to repeat the process.

### **NATIONAL PRACTITIONER DATA BANK**

Full license acupuncture applicants must request a self-query profile from the *National Practitioner Data Bank (NPDB)*. You may access the NPDB at <http://www.npdb-hipdb.hrsa.gov/> and complete the self-query form online. After completing the self-query form, you must print a hard copy, have it notarized and then forward it to the NPDB.

Please note that the date of your signature and notary date must be the same, otherwise the NPDB will return the self-query form to you which will result in delaying the completion of your full license application. The self-query fee of \$16.00 is payable by credit card only (Visa, MasterCard, Discover or American Express). Please remember to include your credit card number and expiration date on your query form.

When you receive your National Practitioner Data Bank profile, do not open the envelope. You must mail it directly to the COA with your full license application. If the envelope is opened, it will be returned to you and a new National Practitioner Data Bank profile request must be submitted. The National Practitioner Data Bank requires up to 4 weeks to process a new profile. If you have questions, contact the Data Bank at 1-800-767-6732.

### **MALPRACTICE HISTORY FORM**

Please note that liability coverage is not required for acupuncturists and therefore you are required to complete the *Malpractice History* form only if a claim was filed against you in the past ten years.

If you had any malpractice claims filed against you in the past ten years, you must complete the *Malpractice History* form listing all of your malpractice carriers for the past ten (10) years. The original *Malpractice History* form must be returned to the COA with your full license application and a copy must be sent to all your liability carriers for the past ten years.

To obtain your liability history, forward a copy of the *Malpractice History* form to each liability carrier. The signed *Malpractice History* form authorizes the liability carrier to provide information to the COA. Please indicate the beginning and end dates of your liability coverage with each carrier. The liability carrier must confirm and document the beginning and end dates of your coverage, whether there were any cases filed against you and if any monies were paid on your behalf. The liability carrier must forward the malpractice history information directly to the COA.

## **International Graduates - Additional Documentation Requirements**

International medical graduates must have a minimum of five (5) academic years of study, of which three (3) academic years must consist of acupuncture training in a COA approved school. All transcripts must be in English and must state the number of hours for each class, the number of hours for the entire program, the number of months in attendance and the date the diploma was awarded.

The COA will recognize only foreign schools that are government approved. In addition, the COA may verify the authenticity of the documents submitted by contacting the appropriate issuing institution.

Applicants who received either their undergraduate and/or acupuncture education outside of the United States must submit both the original and a notarized copy of their diplomas and/or certificates or bachelor degrees. As of January 1, 2009, educational institutions outside the United States, Puerto Rico, the District of Columbia and the territories of the United States will be approved by the Committee on a case by case basis, according to the standards set by the American Association of Collegiate Registrars and Admissions Officers (AACRAO). Graduates of a foreign school must submit a completed AACRAO credentials review report to the committee and the Committee will determine whether to approve the acupuncture school on the basis of the report and any other additional information it may deem necessary. You may access the AACRAO website at <http://www.aacrao.org/international/foreignEdCred.cfm> to obtain information on verification of foreign schools.

## **TOEFL EXAMINATION**

Effective December 13, 2001, all applicants for licensure whose native language is not English must submit proof of passing the TOEFL Exam with a score of 550 or better for the paper based score, 213 for the computer based score and 80 for the Internet passing score. The TOEFL examination must have been taken within two (2) years prior to date that the full acupuncture application was signed. The results of the TOEFL examination must be sent directly to the COA from the agency administering the examination.

## **FOREIGN SCHOOL DIPLOMA**

Applicants who received either their undergraduate and/or acupuncture education outside of the United States must submit both the original and a notarized copy of their diploma and/or their certificate. If the original document is submitted to the COA, include a self-addressed envelope.

## **FOREIGN CERTIFICATE OF BACHELOR DEGREE**

Applicants who received either their undergraduate and/or acupuncture education outside of the United States must submit both the official and a notarized copy of their certificate or bachelor degree.

## **NOTARIZATION OF DOCUMENTS**

Any copies of original documents submitted by an applicant must be notarized. The COA may at any time request that an applicant submit an original document for its inspection.

An applicant should request that the notary public affix his seal to copies of the document.

## **TRANSLATION OF DOCUMENTS**

All documents that are in a language other than English must be translated, at the applicant's expense, by a U.S. translation service or a translation service approved by the COA. The translator must attest to the accuracy of the translation under penalty of perjury.

## **MALPRACTICE CASES**

If you have had a malpractice case brought against you in the past ten (10) years, you will need to request that your liability carrier or your attorney forward documents listed below directly to the COA.

Open case – a copy of the complaint and a letter from the attorney or the liability carrier that includes the name or initials of the patient and that the case is pending.

Closed case – a copy of the complaint and final judgment, settlement and release or other final disposition of each claim, even if you were dismissed from the case by the court and/or the case was closed with or without prejudice and the amount of monies, if any, paid on your behalf.

Dismissed case – a copy of the dismissal if you were dismissed after the case was reviewed by a tribunal or jury. The dismissal must include the name or initials of the patient and confirmation that no monies were paid on your behalf.

Please note that if you were dismissed from the case before it was reviewed by a tribunal or court, the only documentation required is a letter from the liability carrier or the attorney stating the status of the case (which must include the claimant's name or at least his initials), and that no monies were paid on your behalf. A separate Supplement form must be completed for each case. The Malpractice History authorization to release information in the license application packet must be completed and forwarded to each of your liability carriers for the past ten (10) years. The original Malpractice History Authorization must be forwarded to the COA for your license file.

Please note that you must complete question #15 on the Supplement Form even if a claim was filed against you but did not result in any action.

## **LEGAL ISSUES**

For each criminal proceeding in which you were named as a defendant, certified copies of the complaint, judgment or other disposition and a copy of the police report must be sent to the COA by your lawyer, the court or other appropriate agency. You must also provide a detailed explanation of the incident, including date, time, place, who was with you and the court action.

## **ADDRESS CHANGE**

The Board's regulations require that you must notify the COA within thirty (30) days, in writing, when you change your address. Your wallet card will be sent to the mailing address that you provide on your full acupuncture license application.

## **BIRTHDAY RENEWAL**

Renewal of your full acupuncture license will be the second year following the year in which the full license was granted, unless that date is within 15 months of the date that the license was originally granted, in which case the first renewal date is the third year following the year in which the license was granted. Thereafter the full acupuncture license must be renewed every two years on your birthday.

## **PRACTICE OF ACUPUNCTURE**

Please be advised that pursuant to Massachusetts laws and regulations, you may not practice acupuncture in an independent practice until you have received an acupuncture license. The applicant is responsible for determining that the COA has issued a license prior to practicing acupuncture.

### **DOCUMENTS TO BE SUBMITTED WITH YOUR FULL ACUPUNCTURE LICENSE APPLICATION**

1. Full Acupuncture License Application – dates, addresses, training programs, certifications and state licenses are completed
2. Supplement form – all questions answered and supplement pages completed for “yes” answers
3. Authorization for Release form – signed with current date
4. Moral Character form (in a sealed envelope).
5. State License Verifications (in sealed envelopes).
6. National Practitioner Data Bank (sealed envelope).
7. Original diploma with a notarized copy of the diploma and a self addressed envelope (International Graduates only)
8. Malpractice History form – listing all liability carriers for the past ten (10) years (not required if you have not had any claims filed against you in the past ten (10) years).

S/FULL.ACUPUNCTURE.INSTRUCTIONS 6.02.09



License # \_\_\_\_\_

Issue Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## COMMITTEE ON ACUPUNCTURE

200 Harvard Mill Square, Suite 330

Wakefield, MA 01880 Telephone: (781) 876-8210 Fax: (781) 876-8383

Website: [www.mass.gov/massmedboard](http://www.mass.gov/massmedboard)

### FULL ACUPUNCTURE LICENSE APPLICATION

**Application Fee:** Please enclose a check or money order in the amount of \$300.00 made payable to the Commonwealth of Massachusetts. The application fee is non-refundable.

**Check One:** ☐ U.S. Graduate ☐ International Graduate

**Legal Name** (do not use nicknames or initials, unless they are part of your legal name)

\_\_\_\_\_  
Last Name (type or print clearly) First Middle Suffix (Jr., etc.)

☐ Male ☐ Female Indicate all degrees: \_\_\_\_\_

**Other Name(s) Used** - List any other name(s) you have used which may appear on your identifying documents, such as medical education and examination records. If not applicable, check here ☐

\_\_\_\_\_  
Entire Last Name (type or print clearly) First Middle Suffix (Jr., etc.)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_\_  
Month Day Year

Place of Birth: \_\_\_\_\_  
City State/Province/Territory Country if not US\*

\*Mailing Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Number and Street

\_\_\_\_\_  
City State/Province/Territory Zip (or postal) Code

Home Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Number and Street

\_\_\_\_\_  
City State/Province/Territory Zip (or postal) Code

Business Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Number and Street

\_\_\_\_\_  
City State/Province/Territory Zip (or postal) Code

E-mail Address: \_\_\_\_\_ Fax #: \_\_\_\_\_

**\*All correspondence will be sent to your mailing address**

**1. UNDERGRADUATE EDUCATION:** List below the colleges or universities you attended. An official transcript with signature and the registrar's official seal is required to be sent **directly** to the Committee from each institution that is listed.

Name of school: \_\_\_\_\_

Complete mailing address: \_\_\_\_\_

Dates attended: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

Degree Awarded: \_\_\_\_\_

Name of school: \_\_\_\_\_

Complete mailing address: \_\_\_\_\_

Dates attended: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

Degree Awarded: \_\_\_\_\_

List below the school(s) at which you completed three semester hour courses, or the equivalent, in general biology, human physiology, and human anatomy. An official transcript with signature and the registrar's official seal is required to be sent **directly** to the Committee from each institution that is listed.

**2. Human Anatomy (3 semester hour course)**

Name of school: \_\_\_\_\_

**3. Human Physiology (3 semester hour course)**

Name of school: \_\_\_\_\_

**4. General Biology (3 semester hour course)**

Name of school: \_\_\_\_\_

**5. ACUPUNCTURE EDUCATION:** List below the acupuncture school(s) you attended. An official transcript, with signature and the registrar's official seal, is required to be sent **directly** to the Committee from each school that is listed. (If the transcript does not specify the number of classroom hours of didactic or clinical instruction, you must ask your school to send information to the Committee that indicates the number of classroom hours.)

Name of school: \_\_\_\_\_

Complete mailing address: \_\_\_\_\_

Dates attended: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Degree Awarded: \_\_\_\_\_

Name of school: \_\_\_\_\_

Complete mailing address: \_\_\_\_\_

Dates attended: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Degree Awarded: \_\_\_\_\_

## 6. SUPERVISED PRACTICE:

List the number of hours spent in the supervised diagnosis and treatment of patients for whom you were solely responsible (100 hours required) \_\_\_\_\_

**7. CHINESE HERBAL THERAPY COURSES:** List the number of hours of Committee on Acupuncture (COA) approved Chinese Herbal Therapy Courses (30 hours required) \_\_\_\_\_

## 8. ACUPUNCTURE LICENSES

Have you ever been licensed or registered to practice acupuncture in Massachusetts? ☐ YES ☐ NO

List states and countries in which you are currently or were licensed, registered or otherwise practiced acupuncture. (applicants who have been licensed in other states must have each state send **directly** to the Committee the enclosed "Verification of Licensure" form--see the "Requirements and Instructions" booklet.) ☐ None

<u>State (abb.)</u>	<u>License Number</u>	<u>Date Issued</u>	<u>Expiration Date</u>
_____	_____	____/____/____	____/____/____
_____	_____	____/____/____	____/____/____
_____	_____	____/____/____	____/____/____

## 9. LICENSES OTHER THAN ACUPUNCTURE

List states and countries in which you are or were licensed, registered or otherwise practiced a healing art other than acupuncture, such as nursing, medicine, chiropractic, dentistry, etc. (Applicants who have licenses in Massachusetts or other states must have each state send **directly** to the Committee the enclosed "Verification of Licensure" form.) ☐ None

<u>State</u>	<u>License Number</u>	<u>Date Issued</u>	<u>Expiration Date</u>
_____	_____	____/____/____	____/____/____
_____	_____	____/____/____	____/____/____
_____	_____	____/____/____	____/____/____

## 10. A. CERTIFICATION EXAMINATIONS:

List acupuncture licensure and certification examinations you have taken previously. (Include the NCCAOM written exam, the NCCAOM practical exam of point location skills (PEPLS), the CCAOM CNT/Practical course, and state and foreign licensure examinations.) Add a separate sheet of paper if necessary.

<u>Name of Examination</u>	<u>Date Attempted</u>	<u>Examination Result</u>
_____	____/____/____	<input type="checkbox"/> Passed <input type="checkbox"/> Failed
_____	____/____/____	<input type="checkbox"/> Passed <input type="checkbox"/> Failed
_____	____/____/____	<input type="checkbox"/> Passed <input type="checkbox"/> Failed
_____	____/____/____	<input type="checkbox"/> Passed <input type="checkbox"/> Failed
_____	____/____/____	<input type="checkbox"/> Passed <input type="checkbox"/> Failed

**10. B. BOARD CERTIFICATION(S):**

Applicants for a full acupuncture license must be currently NCCAOM board certified. Please indicate your board certification(s)

☐ Acupuncture                      Expiration date: \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Oriental Medicine                      Expiration date: \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Chinese Herbology                      Expiration date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**11. CHRONOLOGY OF ACTIVITIES:**

Please list below, in detailed chronological order, your acupuncture and/or other work activities from the date you graduated from acupuncture school to the date that this application for a full license is signed and dated:

Date of graduation from Acupuncture School: \_\_\_\_/\_\_\_\_/\_\_\_\_

DATE FROM	DATE TO	LIST ALL ACTIVITIES IN CHRONOLOGICAL ORDER – LIST YOUR MOST RECENT ACTIVITY FIRST

Continue on another piece of paper and provide a current curriculum vitae

## 12. CERTIFICATIONS

Massachusetts General Laws Chapter 62C, section 49A, requires that you complete this statement to obtain licensure to practice in Massachusetts:

I, \_\_\_\_\_  
(Print name)

certify, under the pains and penalties of perjury, that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required by state law.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## 13. STATEMENT OF APPLICANT:

I hereby certify under penalty of perjury under the laws of the Commonwealth of Massachusetts that all statements made in this application and all information submitted in connection with this application are true in every respect, and that misstatements and omissions of material facts may be cause for denial of this application, or for suspension or revocation of a license, or other disciplinary action as appropriate.

I hereby authorize all hospitals, institutions, organizations, my references, personal physicians, employers, and all governmental agencies and instrumentalities (local, state, federal and foreign) to release to the Massachusetts Committee on Acupuncture any information, files or records requested by the Committee.

I hereby certify that I have read the acupuncture regulations contained in 243 CMR 4.00 and 243 CMR 5.00.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**(Continued on page 6)**

## **NATIONAL PROVIDER IDENTIFIER (NPI)**

Page 6 of 6

The primary purpose of the NPI is to uniquely identify health care providers as “health care providers” in HIPAA standard transactions. The NPI will replace all other identifiers assigned to health care providers, such as those assigned by health plans, government programs and health care purchasers for purposes of conducting these business transactions.

Under the final HIPAA NPI Rule, all individual and organization covered providers were required to obtain an NPI by May 23, 2007.

In order for a Acupuncture license to be issued, you must supply the Committee on Acupuncture with your valid NPI. You can apply for an NPI directly by using the NPPES website at [www.NPPES.cms.hhs.gov](http://www.NPPES.cms.hhs.gov).

My current NPI is:

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### **Penalties for Falsifying Information on the National Provider Identifier Application**

18 U.S.C. 1001 authorizes criminal penalties against an individual who in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry. Individual offenders are subject to fines of up to \$250,000 and imprisonment for up to five years. Offenders that are organizations are subject to fines of up to \$500,000. 18 U.S.C. 3571(d) also authorizes fines of up to twice the gross gain derived by the offender if it is greater than the amount specifically authorized by the sentencing statute.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PLEASE MAKE A COPY OF ALL PAGES OF YOUR ACUPUNCTURE APPLICATION AND ALL ATTACHMENTS BEFORE MAILING FOR YOUR RECORDS, FOR CREDENTIALING AND OTHER PURPOSES.**

## SUPPLEMENT INSTRUCTIONS

**The following instructions will help you answer Questions 1-19. If you answer “yes” to any of these questions, you must also fill out the supplemental pages. Read these instructions and the supplemental pages carefully. Your application may be delayed if you fail to provide all the information requested.**

This portion of the application is not a public record, and is held as confidential information unless you expressly authorize the COA to release it to a particular party. Under the law, the COA may also share this information with legally designated agencies, such as other state licensing authorities and law enforcement agencies. Designated agencies are required to maintain the confidentiality of this information consistent with the law.

**1, 8-A and 8-B. Disciplinary action:** You must answer "yes" if there is an action pending against you, as well as if an action has already been taken. "Disciplinary action" includes, but is not limited to, the following or their substantial equivalents: revocation, suspension, censure, reprimand, restriction, non-renewal or denial of privileges, resignation, fine, required performance of public service, leave of absence, withdrawal of an application, termination of a contract, or required course of education, training, counseling or monitoring, whether voluntary or involuntary. A resignation includes a voluntary leave of absence or a voluntary restriction on the scope of your practice. It also includes a dissolution of or disassociation from a professional corporation, partnership or professional practice group.

A dissolution of or disassociation from a professional corporation, partnership or professional practice group, a restriction, non-renewal, denial/restriction or a resignation must be reported only when it is related in any way to 1) the applicant's competence to practice acupuncture or any healing art, or 2) a complaint or allegation regarding any violation of law or regulation (including but not limited to the regulations of the COA) or hospital, health care facility or professional association by-laws, whether or not the complaint or allegation specifically cites violation of a specific law, regulation or by-law. A "required course of education or training" is a "disciplinary action" if it arose out of the filing of a complaint or any other formal charges reflecting upon the applicant's competence to practice acupuncture.

"Governmental authority" refers to any federal, state, county or municipal governmental authority, including but not limited to: any Acupuncture licensing authority (including Massachusetts), any agency regulating health care quality, any medical assistance authority, and any regulatory authority investigating insurance fraud.

"Health care facility" refers to any hospital (including state, county and municipal hospitals), clinic, prison infirmary, home for unwed mothers, nursing home or health maintenance organization.

"Group practice" refers to any association of health care professionals organized for the delivery of patient care of which you are a member or partner or by which you are employed or with which you have a contract for professional services, including a partnership or limited liability partnership, limited liability company, professional corporation or other professional business organization.

**2. College and training program leaves and withdrawals:** You must report **all** leaves of absence, withdrawals from college or any training programs, and failures to complete and requirements to repeat years of any training, regardless of the reason. Provide an explanation on the supplemental pages.

**6-A. License application withdrawal or denial of license:** You should answer "yes" if you withdrew your application after learning that your license application for acupuncture or any healing art probably would not be approved or would be approved only with conditions or restrictions. You do not need to answer "yes" if you withdrew your application solely because of a decision to relocate that was entirely unrelated to anticipated rejection of your application, or if you let your license lapse because you no longer practice acupuncture or any other healing art in that jurisdiction.

**6-B. Voluntary surrender of license:** You must report any surrender of an Acupuncture license or any other license to a licensing authority or other governmental agency. You do not need to answer "yes" to this question if you let your license lapse because you no longer practice acupuncture in that jurisdiction.

**8-A and 8-B. See 1 above.**  
**9-A and 9-B. Hospital or health care facility affiliation:** You must answer these questions about your affiliation or status at any hospital or health care facility at which you have ever had membership or privileges. You do not need to include information about your tenure at health care facilities as an acupuncture student.

**10. Criminal proceedings:** Being “charged with a criminal offense” includes being arrested, arraigned or indicted, even if the charges against you were dropped, filed, dismissed or otherwise discharged. You must also report: convictions for felonies and misdemeanors; *nolo contendere* pleas; matters where sufficient facts of guilt were found; matters that were continued without a finding even if they were ultimately dismissed; and any other plea bargain. A medical malpractice claim is a civil, not a criminal, matter. A charge of Driving Under the Influence is not a “minor traffic offense” and should be reported.

**12, 13 and 14. Medicare, Medicaid and third party payors:** If you have been restricted from participation in a state or federally funded health care plan or third party plan or if your membership has been terminated, you must answer “yes.”

**15-A. Malpractice claims:** You must report all malpractice claims, whether or not they resulted in lawsuits and whether they are pending or have been resolved. You must answer “yes” even if you were named in a case or claim and subsequently dropped from it or the case or claim was dismissed with no finding against you or payment made on your behalf. You must report all cases or claims filed or heard in any state.

**15-B. Non-malpractice lawsuits:** You must report certain lawsuits filed against you even if they do not allege malpractice. Examples include, but are not limited to, lawsuits filed under consumer protection, antitrust, civil rights, fraud, or intentional tort (e.g. libel, interference with contractual relations) laws. You must report only those suits relating to your competency to practice acupuncture or any healing art, or your professional conduct in the practice of acupuncture.

**16-A and 16-B. Medical condition:** “Medical condition” includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, hearing and memory impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cerebrovascular disease, cognitive disorders, cancer, heart disease, diabetes, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction and alcoholism.

“Ability to practice acupuncture” is to be construed to include all of the following:

1. The cognitive capacity to make appropriate clinical diagnoses, exercise reasoned medical judgments and learn and keep abreast of medical developments; and
2. The ability to communicate those judgments and medical information to patients and other health care providers, with or without the use of aids or devices, such as voice amplifiers; and
3. The physical capability to perform medical tasks such as physical examination and procedures, with or without the use of aids or devices, such as corrective lenses or hearing aids.

“Currently” does not mean on the day of, or even the weeks or months preceding the completion of this application. It means recently enough to have an impact on one’s functioning as a licensee, or within the past two years.

**17. Use of Chemical Substances:** “Chemical substances” is to be construed to include alcohol, drugs or medications, including those drugs or medications (controlled substances) taken pursuant to a valid prescription for legitimate medical purposes and in accordance with directions, as well as those used illegally. Illegal use of controlled substances includes use of illegal substances (for example, heroin or cocaine) as well as the use of substances in an illegal manner (for example, use of prescription drugs which are obtained without a valid prescription or taken not in accordance with the directions of a licensed health care practitioner).

**18. Illegal use of drugs:** See definitions above.

You have a right to elect not to answer the above question if you have reasonable cause to believe that answering may expose you to the possibility of criminal prosecution. In that event, you may assert the Fifth Amendment privilege against self-incrimination. Any claim of the Fifth Amendment privilege must be made in good faith. If you choose to assert the Fifth Amendment privilege, you must do so in writing. Your full license application will be processed if you claim the privilege.

**19. Voluntary modification of scope of practice:** Describe any voluntary modification of or limitation to your scope of practice not covered by Questions 16-A and 16-B, and the reasons for it.



**A Note to the Applicant who is Chemically Dependent**

If you are chemically dependent, the Committee on Acupuncture encourages you to seek assistance voluntarily. When the Committee on Acupuncture receives notice of impairment or dependency, its policy is to protect the public but also to ensure rehabilitation through participation in approved treatment programs and supervised, structured aftercare. **PLEASE NOTE: If you answered “yes” to any of the Questions from 1-19, you must also fill out the supplemental pages.**

**SUPPLEMENT FORM**

PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**IMPORTANT NOTE: If you answer “yes” to any of these questions, you must provide the additional information on pages 4-10.**

<b><u>QUESTIONS</u></b>	<b><u>YES</u></b>	<b><u>NO</u></b>
1. Since your enrollment in college, have you been subject to any disciplinary action (see definition) at an academic institution?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been terminated or granted a leave of absence from college or have you ever withdrawn from college or had to repeat a year of college or required training?	<input type="checkbox"/>	<input type="checkbox"/>
3. Since your enrollment in college, have you been denied the privilege of taking or finishing an examination or been accused of cheating and/or improper conduct during an examination?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever applied for licensure or to sit for an examination or taken an examination under a different name? If so, list previous name(s)_____	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever failed any acupuncture examination or failed to gain certification by any certifying body or any foreign licensing body?	<input type="checkbox"/>	<input type="checkbox"/>
6-A. Have you ever, for any reason, been denied an acupuncture license or any other licensure in Massachusetts or in any other state, country or province for any reason?	<input type="checkbox"/>	<input type="checkbox"/>
6-B. Have you ever voluntarily surrendered a license to practice acupuncture or any healing art?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever, withdrawn an application for acupuncture licensure, national certification as an acupuncturist or employment or appointment in a hospital or other health care faculty?	<input type="checkbox"/>	<input type="checkbox"/>
8-A. Have there been any formal disciplinary charges pending against you in the last ten (10) years by any acupuncture licensing authority, or do you have knowledge of any pending investigation into your professional competence or conduct by any governmental authority, health care facility, group practice or association (international, national, state or local)? (See definition for disciplinary action).	<input type="checkbox"/>	<input type="checkbox"/>
8-B. Has any disciplinary action ever been taken against you for violation of laws, rules, by-laws, or standards of practice by any governmental authority, healthcare facility, group or association (national, state or local)?	<input type="checkbox"/>	<input type="checkbox"/>

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

		<u><b>YES</b></u>	<u><b>NO</b></u>
9-A.	Have you ever had employment or appointment in a hospital or other health care facility suspended, limited, revoked, not renewed or subject to probationary conditions or have you ever resigned from a health care facility in lieu of being subject to a disciplinary action? (See the definition of a disciplinary action in the Supplement Instructions).	<input type="checkbox"/>	<input type="checkbox"/>
9-B.	Have you ever, for any reason, withdrawn an application for hospital privileges or appointment or affiliation with any health care facility?	<input type="checkbox"/>	<input type="checkbox"/>
10.	Have you ever been charged with any criminal offense, other than a minor traffic offense?	<input type="checkbox"/>	<input type="checkbox"/>
11.	Have you had a professional license in a field other than acupuncture that has been revoked, suspended or otherwise terminated on disciplinary grounds or are there any disciplinary actions currently pending against you in relation to any professional license you possess?	<input type="checkbox"/>	<input type="checkbox"/>
12.	Has any professional liability insurance provider ever restricted, limited, terminated, imposed a surcharge or co-payment, or placed any condition related to professional competency or conduct on your coverage or have you ever voluntarily restricted, limited or terminated your insurance coverage in response to any inquiry by a professional liability insurance provider?	<input type="checkbox"/>	<input type="checkbox"/>
13.	Have you ever been the subject of any suspension or probation proceedings instituted by Blue Cross or Blue Shield, Medicare, Medicaid, or any other medical Reimbursement plan; or have you ever been restricted from receiving payments from any Blue Cross or Blue Shield, Medicare, Medicaid (any state), or third party programs?	<input type="checkbox"/>	<input type="checkbox"/>
14.	Have you ever had an application for membership as a participating provider rejected by any HMO/PPO/IPA or other prepaid health care plan or your contract as a participating provider terminated by any HMO/PPO/IPA or other prepaid plan?	<input type="checkbox"/>	<input type="checkbox"/>
15-A.	In the past ten (10) years, has any medical malpractice claim been made against you, whether or not a lawsuit was filed in relation to the claim?	<input type="checkbox"/>	<input type="checkbox"/>
15-B.	In the past ten (10) years, has any lawsuit, other than a medical malpractice suit, which is related to your competency to practice acupuncture, or your professional conduct in the practice of acupuncture, been filed against you or has such a suit been settled, adjudicated or otherwise resolved?	<input type="checkbox"/>	<input type="checkbox"/>

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**CONFIDENTIAL MEDICAL INFORMATION**

**Before completing the following questions, refer to the instructions for definitions and additional information. If answering “yes” to any of the questions, you must provide details on the supplemental pages for questions #16-A to 19. For purposes of the following questions, “currently” does not mean on the day of, or even the weeks or months preceding the completion of this application. It means recently enough to have an impact on one’s functioning as a licensee, or within the past two years of this application.**

		<u><b>YES</b></u>	<u><b>NO</b></u>
16-A.	Since becoming an acupuncture student, have you been diagnosed with or treated for a medical condition, which in any way currently limits or impairs your ability to practice acupuncture or to function as an acupuncturist?	<input type="checkbox"/>	<input type="checkbox"/>
16-B.	Do you currently have a medical condition, which in any way limits or impairs your ability to practice acupuncture or to function as an acupuncturist?	<input type="checkbox"/>	<input type="checkbox"/>
17-A.	Within the past two years, have you engaged in the use of chemical substances with the result that your ability to practice acupuncture is currently impaired or limited?	<input type="checkbox"/>	<input type="checkbox"/>
17-B.	Have you ever refused to submit to a test to determine whether you had consumed and/or were under the influence of chemical substances?	<input type="checkbox"/>	<input type="checkbox"/>
18.	Are you currently engaged in the illegal use of drugs or misuse of prescription drugs?	<input type="checkbox"/>	<input type="checkbox"/>
19.	Within the past five years, have you voluntarily modified or otherwise limited your scope of practice of acupuncture for any reason other than a medical condition?	<input type="checkbox"/>	<input type="checkbox"/>

**If your responses to Questions 1-19 change while your application is pending, you must immediately notify the Committee on Acupuncture of the new information.**

Pursuant to M.G.L. c. 62C, § 49A, I certify under the penalties of perjury that, to the best of my knowledge and belief, I have filed any Massachusetts state tax returns and paid any Massachusetts state taxes that are required under law. (*Note: This applies even if you reside out of the state or out of the country.*)

Pursuant to G.L.c. 62C, § 49A, to the best of my knowledge and belief, I am in compliance with G.L.c. 119A relating to withholding and remitting Child Support.

Pursuant to M.G.L. c. 119, § 51A, I certify under the penalties of perjury that I will fulfill my obligation to report abuse or neglect of children. I will read the Committee on Acupuncture’s regulations, 243 CMR 3.00 through 5.00. To the best of my knowledge, I meet the qualifications for a full acupuncture license in Massachusetts.

I certify under the penalties of perjury that all information on this form (front and back, and all attached pages) is true, to the best of my knowledge.

I authorize the Board of Registration in Medicine and the Committee on Acupuncture to access any and all criminal case information on me held by the Massachusetts Criminal History Systems Board.

Applicant’s Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**QUESTIONS #1, 8A, 8B – Disciplinary Actions: Attach additional pages with same format where more than one action was taken or is pending, and where otherwise necessary.**

Name of agency or institution taking action: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You must arrange for the appropriate agency or institution to submit copies of all official documentation and correspondence related to the disciplinary action directly to the Committee on Acupuncture.

**QUESTION #2 – College leave of absence, withdrawal or repeating required training.**

**Attach additional pages with same format where necessary.**

Name of institution: \_\_\_\_\_ Date of action: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates of attendance: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

Description of events: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You must arrange for the appropriate agency or institution to submit all official documentation and correspondence regarding any termination, leave of absence, withdrawal, failure to complete or requirement to repeat directly to the Committee on Acupuncture.

**QUESTION #4 & 5 – Examination failure; denial, improper conduct**

**Attach additional pages with same format where necessary.**

Name of organization: \_\_\_\_\_ Name of exam: \_\_\_\_\_

Action: \_\_\_\_\_ Date of Action: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You must arrange for the appropriate agency or institution to submit all official documentation and correspondence regarding any examination, restriction or other examination abnormality directly to the Committee on Acupuncture.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**QUESTIONS #6A & 6B – License application withdrawal, denial or license surrender. Attach additional pages with same format where necessary.**

Describe circumstances under which license application was withdrawn or denied, or license was voluntarily surrendered.

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State: \_\_\_\_\_ Year: \_\_\_\_/\_\_\_\_/\_\_\_\_

You must arrange for the appropriate agency or institution to submit copies of all official documentation and correspondence regarding the withdrawal, denial or voluntary surrender directly to the Committee on Acupuncture. Such documentation must specify the reason(s) for denial of your license application, withdrawal or voluntary surrender of your license.

**QUESTION #7 – Withdrawal of acupuncture license, certification or applications**

Date of action: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of regulatory agency, health care facility or certification body:

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Explain reason(s) for withdrawal: \_\_\_\_\_

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**QUESTIONS #9-A&9-B – Hospital or health care facility affiliation**

Attach additional pages with same format where necessary. Describe circumstances in detail.

Name of facility: \_\_\_\_\_ Date of action : \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Description \_\_\_\_\_

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You must arrange for the appropriate agency or institution to submit copies of all official documentation and correspondence regarding any affirmative responses to Questions 9-A through 9-B directly to the Committee on Acupuncture.

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

PRINT NAME: \_\_\_\_\_

Supplement Form – page 6

**QUESTION #10 – Criminal proceedings. Attach additional pages with same format if more than one charge and where otherwise necessary.**

Court: \_\_\_\_\_ Charge: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please attach a detailed account of circumstances leading up to criminal proceedings.

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You must arrange for your lawyer or the court officer to submit copies of the indictment, complaint and judgment or other disposition in any criminal proceedings in which you were a defendant directly to the Committee on Acupuncture.

**QUESTION #11 – Revocation or suspension of license in any other Healing art.**

Type of restriction: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Circumstances of Restriction: \_\_\_\_\_

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You must arrange for the appropriate agency or institution to submit a copy of all official orders, findings of fact and correspondence related to any affirmative response directly to the Committee on Acupuncture.

**QUESTIONS #12, 13 & 14 – Liability insurance and provider restrictions, denial, and revocation**

Name of Organization: \_\_\_\_\_ Date of Action: \_\_\_\_/\_\_\_\_/\_\_\_\_

Action: \_\_\_\_\_

Explain reason(s) for action \_\_\_\_\_

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Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**QUESTIONS #15-A & 15-B – Malpractice claims and other lawsuits**

You must provide the following information on this form for each instance of alleged malpractice. You may photocopy this form and attach additional copies, if necessary. Please type or print. You must also complete the back of this form.

Claimant's name: \_\_\_\_\_ Date of incident: \_\_\_\_/\_\_\_\_/\_\_\_\_

Insurer's name: \_\_\_\_\_ Insurer's Address: \_\_\_\_\_

Description of claim (allegations only: this does not constitute an admission of fault or liability). See Table 5 attached. Basis codes must be completed.

Allegation: \_\_\_\_\_ Allegation: \_\_\_\_\_ Allegation: \_\_\_\_\_

**REQUISITE DESCRIPTIVE INFORMATION:**

1. Patient's condition at point of your involvement: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. Patient's condition at end of treatment: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. The nature and extent of your involvement with the patient: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. Your degree of responsibility for the course of treatment leading to the claim: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. If incident resulted in patient's death, indicate cause of death according to autopsy or patient chart:  
 \_\_\_\_\_  
 \_\_\_\_\_

**Incident location (check one):**

☐ Patient Room      ☐ Hospital-Other      ☐ Hospital-Unknown      ☐ Private Office  
☐ HMO      ☐ Clinic      ☐ Nursing Home      ☐ Walk-in Center      ☐

Other: \_\_\_\_\_

**Your role (check one):**

☐ Acupuncturist      ☐ Other \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



**QUESTION #15A & 15B- Malpractice claims & other lawsuits, continued...**

Legal representative's name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

• **If a medical malpractice tribunal has heard your case, indicate the following:**

Finding for: ☐ You ☐ Plaintiff Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

• If the Court has heard your case, indicate the following:

Decision determined by (check one): ☐ Judge ☐ Jury

Decision: \_\_\_\_\_ Award: \_\_\_\_\_

• If your case was appealed, indicate the following:

Date appeal was filed: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date appeal was decided: \_\_\_\_/\_\_\_\_/\_\_\_\_

• If your case was settled, indicate the following:

Date of settlement: \_\_\_\_/\_\_\_\_/\_\_\_\_ Total settlement amount: \$ \_\_\_\_\_

Amount of settlement paid on your behalf: \$ \_\_\_\_\_

• Was the case dismissed against you? ☐ Yes ☐ No Against all defendants? ☐ Yes ☐ No

In addition to the information listed above, you must arrange for your lawyer or liability carrier to submit a copy of the following documents directly to the Committee on Acupuncture for the following malpractice cases:

**Open case** – a copy of the complaint naming the physician as a defendant.

**Closed case** – a copy of the complaint and final judgment, settlement and release or other final disposition of each claim, even if you were dismissed from the case by the court and/or if the case was closed with or without prejudice and the amount of monies paid on your behalf.

**Dismissed case** – If the case was dismissed before it was reviewed by a tribunal or court, the only documentation required is a letter from the liability carrier or the attorney stating the status of the case (which must include the claimant's name or at least his initials), and that no monies were paid on your behalf.

**NOTE:** Please be advised that the Committee on Acupuncture may request pertinent medical records or additional information.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**CONFIDENTIAL MEDICAL INFORMATION****QUESTION #16-A and 16-B – Medical condition**

If you answered “yes” to Questions 16-A or 16-B, please set forth the specifics of your condition and any related treatment, including dates and diagnoses. In addition, set forth any adjustments or interventions you may have made or taken to ameliorate or address the impact of your medical condition on your current practice, including a change of specialty or field of practice, or participation in any supervised rehabilitation program, professional assistance or retraining program, or monitoring program. You must arrange for your physician to send directly to the Committee on Acupuncture an evaluation of your current medical status, noting diagnosis, prognosis, treatment plan, and impact of condition on ability to practice acupuncture. This evaluation must be performed no more than three (3) months prior to the date of your application. At a later date, you may be asked to submit additional information, including documentation of compliance with any monitoring program.

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**QUESTION #17-A – Use of chemical substances**

If you have obtained medical treatment related to your use of chemical substances, set forth the specifics of your treatment, including dates and diagnoses. In addition, set forth any adjustments or interventions you may have made or taken to ameliorate or address the impact of your use of chemical substances on your current practice, including participation in any supervised rehabilitation program or monitoring program. You must arrange for your physician to send directly to the Committee on Acupuncture an evaluation of your current medical status, noting diagnosis, prognosis, treatment plan, and impact of condition on ability to practice medicine. This evaluation must be performed no more than thirty (30) days prior to the date of your application. You must also arrange for the appropriate institutions to submit all discharge summaries regarding any alcohol or drug dependency directly to the Committee on Acupuncture. At a later date, you may be asked to submit additional information, including documentation of compliance with any monitoring program.

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Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

PRINT NAME: \_\_\_\_\_

Supplement Form – page 10

**QUESTION #17-B – Refusal to take screening test**

If you answered “yes” to Question #17-B, please set forth a description of the circumstances leading to the refusal to take the screening test and any resulting criminal or disciplinary consequences.

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**QUESTION #18 – Illegal use or misuse of drugs**

**List chemical substances:**

Describe frequency of usage: \_\_\_\_\_

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Please note that additional information may be requested.

**QUESTION #19 – Voluntary modification of scope of practice**

Describe circumstances leading to modification of practice:

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Describe modification of practice: \_\_\_\_\_

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Dates: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please note that additional information may be requested by the Committee on Acupuncture.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**TABLE 5: BASIS FOR ALLEGATION**

ABUSE OF (PATIENTS, EMPLOYEE(S)/PEER(S)

*Abuse of Employee(s) /Peer(s)* - Physical

*Abuse of Patient(s)* - Physical

Sexual misconduct

Sexual misconduct - Verbal

**ADMINISTRATIVE PROBLEMS**

Academic research fraud

Billing for services not rendered

Billing fraud (not Medicaid/Medicare)

Breach of confidentiality

False or deceptive advertising

Inadequate documentation/patient records

Insurance balance billing (not Medicaid/Medicare)

Medicaid/Medicare

Medicaid/Medicare balance billing

**SUPERVISION**

Fully licensed acupuncturist

Other employee

**DIAGNOSIS RELATED**

Delay in diagnosis

*Failure to Diagnose*

Failure to perform diagnostic test(s)

Lack of informed consent

Misdiagnosis

Ordering/performing unnecessary diagnostic tests/procedures

**BIOMEDICAL EQUIPMENT/PRODUCT RELATED**

Malfunction

Misuse

**TREATMENT RELATED**

Abandonment of patient

Delay in treatment

Failure to make referrals appropriately

Failure to monitor patient

Failure to notify patient of test results

Failure to take adequate patient history

Failure to treat

Failure to use consultants appropriately

Improper choice of treatment

Lack of informed consent

**MISCELLANEOUS**

Improper utilization review

Improper Workmen's Compensation evaluation

Patient fall (in health care facility/office)

Performance of autopsy without permission

Unauthorized DNR order

Vicarious liability for acts of another provider

Violation of patient's civil rights

Wrongful death of patient

**COMMONWEALTH OF MASSACHUSETTS**

**COMMITTEE ON ACUPUNCTURE**  
**200 Harvard Mill Square, Suite 330**  
**Wakefield, MA 01880 Telephone: (781) 876-8210 Fax: (781) 876-8383**  
**Website: [www.mass.gov/massmedboard](http://www.mass.gov/massmedboard)**

**AUTHORIZATION FOR RELEASE OF INFORMATION, DOCUMENTS AND RECORDS**

I, \_\_\_\_\_  
(type/print your complete name)

request and authorize every person, institution, professional licensing board of any state in which I hold or may have held a license to practice my profession, hospital, clinic, government agency, (local, state, federal or foreign), law enforcement agency, or other third parties and organizations, and their representatives to release information, records, transcripts, and other documents, concerning my professional qualifications and competency, ethics, character, and other information pertaining to me to the Committee on Acupuncture.

I further request and authorize that the requested information, documents and records be sent directly to:

Committee on Acupuncture  
200 Harvard Mill Square, Suite 330  
Wakefield, MA 01880  
Attention: Licensing

**Immunity and Release**

I hereby extend absolute immunity to, and release, discharge, and hold harmless from any and all liability: 1) the Committee on Acupuncture, its agents, representatives, directors and officers; 2) other agencies, institutions, hospitals and clinics providing information, their representatives, directors and officers; and 3) any third parties and organizations for any acts, communications, reports, records, transcripts, statements, documents, recommendations or disclosures involving me, made in good faith and without malice, requested or received by the Committee on Acupuncture.

By my signature below, I acknowledge that information, documents and records required to be furnished by another organization, educational institution, hospital, individual or any person or groups of persons has been sent to me directly from the primary source in a sealed envelope and that none of the seals have been broken. I understand that the Committee on Acupuncture will not accept any such information, records or documents forwarded by me unless they are in sealed envelopes.

A photocopy or facsimile of this authorization shall be as valid as the original and shall be valid up to one year from the date signed.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Applicant's Printed Last Name, First Name, Middle Initial, Suffix (e.g., Jr.)

\_\_\_\_\_  
Applicant's Date of Birth (month/day/year)

## - Committee On Acupuncture-

200 Harvard Mill Square, Suite 330  
Wakefield, MA 01880 Telephone: (781) 876-8210 Fax: (781) 876-8383  
Website: [www.mass.gov/massmedboard](http://www.mass.gov/massmedboard)

### CERTIFICATE OF MORAL CHARACTER

**INSTRUCTIONS TO THE APPLICANT:** This form must be signed by a someone who has known you for a substantial period of at least three (3) years and who is not a relative.

#### PHOTOGRAPH

Attach a recent 2 x 2 color photograph. Black and white photographs will not be accepted. You must sign your name in the presence of a Notary Public and then send the completed form to a person who has known you for at least three (3) years. When the signed form is returned to you, do not open the envelope. This form must be sent to the Board with your full acupuncture license application

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
I certify that the photograph above is a genuine likeness of the maker of the signature above.

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
My Commission Expires

#### CERTIFICATION OF MORAL AND PROFESSIONAL CHARACTER

This certifies that I have been personally acquainted with the acupuncturist named below:

\_\_\_\_\_  
(name of applicant )

for \_\_\_\_\_ years. I believe that the above named acupuncturist is of good moral character and worthy of confidence and recommend him/her to the Committee On Acupuncture for licensure.

\_\_\_\_\_  
Signature of Certifying Person

\_\_\_\_\_  
Print Name

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

***Please return the completed form to the applicant in a sealed envelope with your signature across the seal. Thank you***

## **CCAOM CNT PRACTICAL COURSE SCORE VERIFICATION**

**ATTENTION APPLICANT:** If you previously took the CNT/Practical course through CCAOM, please complete the portion of this form and mail it with a check for \$15.00 to:

**Council of Colleges of Acupuncture and Oriental Medicine (CCAOM)**  
600 Wyndhurst Drive, Suite #: 112, Baltimore, MD 21210  
Telephone #: (410) 464-6040 Fax #: (410) 464-6042

**TYPE OR PRINT CLEARLY:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone # : (\_\_\_\_\_) \_\_\_\_\_

I authorize the Council of Colleges of Acupuncture and Oriental Medicine to release to the Committee on Acupuncture - all information requested below:

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**ATTENTION CCAOM:** Please complete this form and mail to:

***Committee on Acupuncture***  
200 Harvard Mill Square, Suite 330, Wakefield, MA 01880  
Telephone: (781) 876-8210 Fax: (781) 876-8383  
Website: [www.mass.gov/massmedboard](http://www.mass.gov/massmedboard)

I, \_\_\_\_\_  
( Print Name) (Official Title)

of the Council of Colleges of Acupuncture and Oriental Medicine, attest that the above named acupuncturist passed the **CCAOM CNT/Practical course**

on \_\_\_\_/\_\_\_\_/\_\_\_\_ with a score of \_\_\_\_\_. The passing score was \_\_\_\_\_.

The exam was taken in \_\_\_\_\_ language.

\_\_\_\_\_  
(Signature)

\_\_\_\_/\_\_\_\_/\_\_\_\_  
(Date)

***SEAL***

*Commonwealth of Massachusetts Board of Registration in Medicine*  
**Committee on Acupuncture**  
200 Harvard Mill Square Suite 330  
Wakefield, Massachusetts 01880  
(781) 876-8210

**INITIAL CHINESE HERBAL THERAPY REQUEST FORM**

Print Name: \_\_\_\_\_

**Important note to the applicant:** This form is intended for initial requests to employ Chinese Herbal Therapy only. For more information about how to maintain authorization to employ Chinese Herbal Therapy upon renewal of licensure, please refer to the Information Sheet on Page 2. Please note that you may not employ herbs in your acupuncture practice until you have received written authorization from the Committee on Acupuncture (“COA”) to do so.

I, \_\_\_\_\_(full name), hereby request COA authorization to employ Chinese Herbal Therapy, including patent or raw herbs, in my acupuncture practice. I have included documentation of the following:

- a. completion of an ACAOM accredited or candidate status oriental medicine program with a minimum of 1,905 hours of clinical/didactic training, of which at least 660 hours were training hours in herbs and at least 210 of those were clinical hours in acupuncture and herbs\*; and
- b. certification by NCCAOM in Chinese Herbology.

\*Please request that your Oriental Medicine program submit verification of your herbal training hours and clinical hours directly to the Licensing Division of the Committee on Acupuncture at the following address:

Commonwealth of Massachusetts  
Committee on Acupuncture  
200 Harvard Mill Square, Suite 330  
Wakefield, MA 01880

**Applicant Certification**

I hereby certify under penalty of perjury under the laws of the Commonwealth of Massachusetts that all statements made on this Initial Chinese Herbal Therapy Request Form are accurate. I also certify under penalty of perjury under the laws of the Commonwealth of Massachusetts that if the answer I have given above changes I shall notify, in writing, the Committee on Acupuncture within 30 days of the change.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



## Chinese Herbal Therapy Information Sheet

Acupuncture practitioners seeking to employ Chinese Herbal Therapy in their acupuncture practices must obtain the express, written authorization of the Committee on Acupuncture (“COA”) prior to commencing the practice of herbology. **It is very important to keep in mind that a full license to practice acupuncture is distinct from written authorization of the COA to employ Chinese Herbal Therapy in connection with one’s acupuncture practice.**

Please see below to learn more about obtaining initial authorization to employ Chinese Herbal Therapy in your acupuncture practice or, if you were previously authorized by the COA to employ herbs, how to maintain your authorization.

### **Individuals Licensed to Practice Acupuncture On Any Date and CURRENTLY SEEKING Authorization to Employ Herbs**

An individual who seeks initial authorization of the COA to employ Chinese Herbal Therapy after January 1, 2009, regardless of when he or she was licensed to practice acupuncture, must submit evidence of each of the following:

- 1 Completion of an ACAOM accredited or candidate status oriental medicine program with a minimum of 1,905 hours of clinical/didactic training, of which at least 660 hours were training hours in herbs and at least 210 of those were clinical hours in acupuncture and herbs; and
- 2 Certification by NCCAOM in Chinese Herbology.

See 243 CMR 5.03(2)(h).

### **Individuals Licensed to Practice Acupuncture and Previously Authorized to Employ Chinese Herbal Therapy**

An individual who requested and was granted express authorization to employ Chinese Herbal Therapy must comply with all continuing education requirements in order to maintain such authorization upon renewal of licensure.

#### (1) Continuing Education Requirements.

All licensees approved by the Committee to use herbal therapy in their practice of acupuncture must have at least 10 hours of training directly related to Herbology as part of their 30 hours of continuing education credits. In addition, the licensee must have at least 15 hours of continuing acupuncture education credits directly related to acupuncture. In no event shall the applicant use herbal therapy in his/her acupuncture practice unless the applicant has at least 30 hours of continuing acupuncture education biennially, of which five hours may be indirectly related to acupuncture or herbology.

See 243 CMR 5.03(2)(i).

*Commonwealth of Massachusetts*

**COMMITTEE ON ACUPUNCTURE**

**200 Harvard Mill Square, Suite 330  
Wakefield, MA 01880 Telephone: (781) 876-8210 Fax: (781) 876-8383  
Website: [www.mass.gov/massmedboard](http://www.mass.gov/massmedboard)**

**STATE LICENSE VERIFICATION FOR ACUPUNCTURE AND OTHER HEALING ARTS**

**Applicant's Instructions:** Complete the waiver for release of information and forward this form to every state board where you are currently licensed or registered to practice acupuncture and or any other healing art. You must request verification of every state license whether it is current or not renewed. Please contact the individual state board(s) for information on verification processing fees before you mail this form.

**Applicant's Waiver for Release of Information:**

I am applying for an acupuncture licensure in the Commonwealth of Massachusetts and the Committee On Acupuncture requires that this form be completed by each state where I hold or have ever held an acupuncture license or a license in any other healing art. I hereby authorize the release of any information in your files, favorable or otherwise.

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**TO BE COMPLETED BY STATE BOARD**

State of : \_\_\_\_\_

Full Name of Licensee \_\_\_\_\_

Type of License: \_\_\_\_\_ License number: \_\_\_\_\_

Issue Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

License Category: ☐ Active ☐ Inactive ☐ Other \_\_\_\_\_

Status of license: (check one) ☐ Good standing ☐ Revoked ☐ Suspended

If revoked or suspended, please explain: \_\_\_\_\_

	<b>YES</b>	<b>NO</b>
Has the licensee ever been on probation?	<input type="checkbox"/>	<input type="checkbox"/>
Has the licensee ever been requested to appear before the board?	<input type="checkbox"/>	<input type="checkbox"/>

If "yes," please explain: \_\_\_\_\_

Other derogatory information: \_\_\_\_\_

Remarks: \_\_\_\_\_

Signed: \_\_\_\_\_

**BOARD SEAL**

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

State Board: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PLEASE RETURN THE STATE LICENSE VERIFICATION TO THE APPLICANT IN A SEALED ENVELOPE WITH THE BOARD SEAL OR THE SIGNATURE OF THE PERSON COMPLETING THIS FORM ON THE BACK OF THE ENVELOPE.**

## **PLEASE NOTE**

To obtain a self-query Data Bank form, please go to the National Practitioner Databank web page at <http://www.npdb-hipdb.hrsa.gov/> and complete the self-query form on-line. Follow the self-query instructions carefully. After completing the self-query form, you must print a hard copy and have it notarized. **Please note that the date of your signature and notary date must be the same, otherwise the self-query form will be returned to you--this will delay the processing of your acupuncture license application.** The self-query fee is listed on the form and payable by credit card only DO NOT SEND A CHECK OR MONEY ORDER. The Data Bank accepts the following credit cards only: Visa, MasterCard or Discover. Please remember to include your credit card number and expiration date.

**WHEN YOU RECEIVE YOUR DATABANK PROFILE, DO NOT OPEN THE ENVELOPE. YOU MUST MAIL IT DIRECTLY TO THE BOARD. IF THE DATA BANK ENVELOPE IS OPENED, IT WILL BE RETURNED TO YOU AND YOU WILL BE REQUIRED TO REPEAT THE PROCESS AND PAY AN ADDITIONAL FEE OF \$16.00. PROCESSING TIME FOR A NEW DATA BANK PROFILE IS 2 to 4 WEEKS.**

If you have any questions, you may call the National Practitioner Data Bank at 1-800-767-6732.

# **COMMONWEALTH OF MASSACHUSETTS**

## **COMMITTEE ON ACUPUNCTURE**

**200 Harvard Mill Square Suite 330  
Wakefield, Massachusetts 01880  
Telephone: (781) 876- 8210**

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### **LICENSE APPLICATION DEADLINES**

Applications for a full or temporary acupuncture license are accepted on a continuous basis and are processed in the date order received. The amount of time it takes to process an application varies, depending on when all complete and correct documentation and fees are received.

If you received your Undergraduate and/or Acupuncture Education in the United States, your application must be:

- received by the deadline date, and/or
- complete and ready for review by the COA at least two weeks in advance of the meeting date at which you wish your application to be considered.

If you received your Undergraduate and or Acupuncture Education outside of the United States, your application must be:

- received by the Acupuncture Unit at least six months in advance of the meeting date at which you wish your application to be considered by the COA, and
- complete and ready to go before the Committee on Acupuncture (COA) at least two weeks in advance of the meeting date at which you wish your application to be considered.

For applicants who received their undergraduate and/or acupuncture education outside of the United States, the COA requires that your education be verified by having the COA write directly to your school. This verification process may take several months (six months or more is not uncommon) to complete. While this may delay licensure in some cases, it is a necessary step in the licensure process. Once this verification is received directly from your school, the Licensing Subcommittee for Undergraduate and Acupuncture Education (Subcommittee) must review it prior to the application being presented to the COA. The Subcommittee meets at 9:30 a.m. before the COA meeting. You must consider this time factor in deciding when to submit your application for licensure.

Questions Regarding Equivalency: Equivalency determinations are made by the Subcommittee at their regularly scheduled meetings and are based on the requirements stated in the Acupuncture regulations. To determine equivalency, you must have an official transcript and/or course syllabus sent to the COA directly from the school you attended.

- The documents must be received by the COA at least six months in advance of the COA Subcommittee meeting, and
- All information must be complete and ready to be reviewed by the COA Subcommittee at least two weeks in advance of the meeting date at which you wish your equivalency issue to be reviewed. The Subcommittee must review all equivalency issues prior to the application being presented to the COA.

## **DEADLINE DATES**

### **SUBMISSIONS OF APPLICATION FOR A FULL ACUPUNCTURE LICENSE**

**NOTE:** The Acupuncture Unit must **receive** the application and the application fee no later than the application deadline date listed below.

#### **Committee on Acupuncture Meeting**

- January 12, 2012
- March 8, 2012
- June 14, 2012
- September 13, 2012
- January 10, 2013

#### **Application Deadline Date**

- November 12, 2011
- January 8, 2012
- March 14, 2012
- July 13, 2012
- November 10, 2012

*The deadline date listed above applies only to the receipt of the completed application for a full acupuncture license.*

**NOTE:** if you received your Undergraduate and or Acupuncture Education outside of the United States, the Board must receive your application at least six months in advance of the meeting date at which you wish your application to be considered by the Committee on Acupuncture (COA).

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# **COMMONWEALTH OF MASSACHUSETTS**

## **COMMITTEE ON ACUPUNCTURE**

200 Harvard Mill Square, Suite 330  
Wakefield, MA 01880 Telephone: (781) 876-8210 Fax: (781) 876-8383  
Website: [www.mas.gov/massmedboard](http://www.mas.gov/massmedboard)

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### **GENERAL BIOLOGY REQUIREMENT**

Dear Applicant:

243 CMR 5.03(1)(b)1 requires that an applicant complete 3 semester hours or the equivalent of three semester hours of general biology. The Committee on Acupuncture (COA) has voted that a general biology course generally means a BIO 101 course. In addition, the COA has voted to accept the following courses as fulfilling this general biology requirement.

1. Microbiology
2. Advanced Biology
3. Biochemistry

If any other course was taken where there was a Biology prerequisite, then the applicant must submit proof of the prerequisite requirement. Proof may consist of a course catalog showing the prerequisite requirement, etc.

**YOUR TRANSCRIPT SHOULD LIST THREE (3) SEMESTER HOURS OR ITS EQUIVALENT OF GENERAL BIOLOGY. THE COURSE SHOULD BE LISTED ON YOUR TRANSCRIPT AS GENERAL BIOLOGY.** If your transcript lists a course by any other name and you wish to substitute that course as the equivalent of (3) semester hours or its equivalent of general biology, the Licensing Subcommittee for Undergraduate and or Acupuncture Educational Requirements (Subcommittee) must review each request. **The Subcommittee meetings are held before the regularly scheduled Committee on Acupuncture (COA) meetings. See the letter listing the License Application Deadlines for the dates of the meetings.**

In order for this review to be done, the applicant must submit one of the following:

- A detailed course description.
- A detailed course syllabus.
- A letter from the professor who taught the course stating that the course was equivalent to a 3 semester hour course in general biology, or
- A letter from the professor who is now teaching the course stating that the course is equivalent to a 3 semester hour course in general biology.

If you have any questions, please contact the Licensing Division at (781) 876-8210.

Sincerely,

*Weidong Lu, Lic.Ac.*

Weidong Lu, Lic.Ac.  
Chairman, Committee on Acupuncture

## **HUMAN ANATOMY AND HUMAN PHYSIOLOGY REQUIREMENT**

Dear Applicant:

243 CMR 5.03(1)(b)2 requires that an applicant complete three (3) semester hours or the equivalent three (3) semester hours of human anatomy and 243 CMR 5.03(1)(b)3 requires that an applicant complete three (3) semester hours or the equivalent of three (3) semester hours of human physiology.

**YOUR TRANSCRIPT SHOULD LIST THREE (3) SEMESTERS OR ITS EQUIVALENT OF HUMAN ANATOMY AND/OR THREE (3) SEMESTER HOURS OR ITS EQUIVALENT OF HUMAN PHYSIOLOGY. THE COURSE MUST BE LISTED ON YOUR TRANSCRIPT AS HUMAN ANATOMY AND OR HUMAN PHYSIOLOGY.**

If your transcript lists a course by another name and you wish to substitute that course or any other course for the required (3) semester hours or its equivalent of human anatomy and/or three (3) semester hours or its equivalent of human physiology, the Licensing Subcommittee for Undergraduate and or Acupuncture Educational Requirements (Subcommittee) must review each request. **The Subcommittee meets before the regularly scheduled Committee on Acupuncture (COA) meeting and your materials must be received by the deadline date. See the letter dealing with License Applications Deadlines for the dates of the meetings.**

In order for this review to be done, the applicant must submit one of the following:

- A detailed course description.
- A detailed course syllabus.
- A letter from the professor, who taught or who is now teaching the course, stating that the course was equivalent to a 3 semester hour course in human anatomy and or a 3 semester hour course in human physiology, or
- A letter from the professor who taught, or is now teaching the course. stating that the course is equivalent to a 3 semester hour course in human anatomy and or a 3 semester hour course in human physiology.

If you have any questions on this matter, please contact the Licensing Division at (781) 876-8210.

Sincerely,

*Weidong Lu, Lic.Ac.*

Weidong Lu, Lic.Ac.  
Chairman  
Committee on Acupuncture